State of Michigan
Department Human Services
Bureau of Children and Adult Licensing
P.O. Box 30650
Lansing, Michigan 48909
www.michigan.gov/afchfa

REQUEST FOR MODIFICATION OF THE TERMS OF THE LICENSE/REGISTRATION

Facility/Licensee Name	Street Address			License Number
City	State	Zip Code	County	Telephone Number
Specific Modification Request				
☐ Change of Capacity Explain:				
☐ Change of Use Space Explain:				
☐ Change of Age Ranges Exp	olain:			
☐ Program Components Exp	olain:			
☐ Other Exp	olain:			
Additional Comments				
Licensee Signature				Date

PLEASE RETURN TO YOUR LICENSING CONSULTANT AT YOUR LOCAL LICENSING OFFICE

Modification of Terms Form (9/08)

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.